

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 03-21	2. STATE: Minnesota
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION §1902(n) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 03 (\$842) b. FFY 04 (\$4953)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 4.19-B, Supplement 1, pp. 1-3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): same	
10. SUBJECT OF AMENDMENT: Payment of Medicare Part A and Part B Deductible/Coinsurance			
11. GOVERNOR'S REVIEW (Check One):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  // Mary B. Kennedy - signature //		16. RETURN TO:  Stephanie Schwartz Federal Relations Unit Minnesota Department of Human Services 444 Lafayette Road No. St. Paul, MN 55155-3852	
13. TYPED NAME: Mary B. Kennedy			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: August 6, 2003			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 8/6/03		18. DATE APPROVED: 8/13/03	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2003		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>	
21. TYPED NAME: Cheryl A. Harris		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

**RECEIVED**

AUG 06 2003

DMCH - MI/MN/WI

Revision: HCFA-PM-91-4 (BPD)  
August 1991

Supplement 1 to ATTACHMENT 4.19-B  
Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP."

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_ of this Attachment (see 3, below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate or according to a special method, described on Page 3 in item A of this Attachment, for those groups and payments listed below and designated with the letters "NR."
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item of this Attachment (see 3, above).

NR - Nursing Facility Payment, Part A Coinsurance

TN No. 03-21  
Supersedes  
TN No. 91-32

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Supplement 1 to ATTACHMENT 4.19-B  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

QMBs: Part A MR Deductibles MR Coinsurance

Part B MR Deductibles MR Coinsurance

Other Part A MR Deductibles MR Coinsurance

Medicaid  
Recipients Part B MR Deductibles MR Coinsurance

Dual Part A MR Deductibles MR Coinsurance

Eligible  
(QMB Plus) Part B MR Deductibles MR Coinsurance

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Supplement 1 to ATTACHMENT 4.19-B  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: MINNESOTA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item A. Nursing Facility Payment, Part A Coinsurance

Medicaid payment is the lesser of the actual coinsurance amount or the amount by which the Medicaid State plan case mix payment rate exceeds the Medicare rate less the coinsurance amount.

TN No. 03-21  
Supersedes  
TN No. 91-32

Approval Date: 7/1/03

Effective Date: 7/1/03